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APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/GB03/01443 04/02/2003

**** FOREIGN APPLICATIONS *******

UNITED KINGDOM 0207533.1 04/02/2002

IF REQUIRED, FOREIGN FILING LICENSE GRANTED**** 08/26/2005**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GBN	SHEETS DRAWING 7	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

23565

TITLE

SC6 For Diagnosis of Hypoxia Related Conditions

FILING FEE RECEIVED 1080	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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